

# Medical Waiver \*

Maricopa County will compensate you **\$100 per month** if you work at least 30 hours per week or are a contract employee eligible for full-time benefits and *waive* your medical coverage. To qualify, you must be covered under other group health coverage and provide proof of the group health insurance coverage to the Benefits Office on an annual basis. This information is required and will be audited by the Benefits Office. Arizona Health Care Cost Containment System (AHCCCS) coverage *does not* qualify as group health insurance coverage and *does not* qualify you to waive your group medical benefits in order to be eligible for the waiver payment. The County offers a separate (stand-alone) vision plan for employees who choose to waive their medical benefits. Employees who waive coverage may also enroll in a dental plan.



## Avesis Vision Stand Alone Option

Available only if enrolling for the medical waiver payment

100% Paid by Employee

	Employee Cost Per Payday
Employee	<b>\$3.42</b>
Employee and Spouse	<b>\$6.46</b>
Employee and Child(ren)	<b>\$7.04</b>
Employee and Family	<b>\$9.06</b>



## Dental Plans

### Employers Dental Services (EDS)

#### A Managed Care Dental Organization

	FULL-TIME			PART-TIME		
	30 hours or more per week			Between 20-29.99 hours per week		
	County Contribution	Employee Cost		County Contribution	Employee Cost	
	Per Payday	Per Payday		Per Payday	Per Payday	
Employee	\$2.62	<b>\$1.98</b>		\$2.62	<b>\$1.98</b>	
Employee and Spouse	\$4.98	<b>\$3.76</b>		\$4.98	<b>\$3.76</b>	
Employee and Child(ren)	\$6.52	<b>\$4.94</b>		\$6.52	<b>\$4.94</b>	
Employee and Family	\$7.52	<b>\$5.68</b>		\$7.52	<b>\$5.68</b>	

### United Concordia

#### A PPO Dental Plan

	FULL-TIME			PART-TIME		
	30 hours or more per week			Between 20-29.99 hours per week		
	County Contribution	Employee Cost		County Contribution	Employee Cost	
	Per Payday	Per Payday		Per Payday	Per Payday	
Employee	\$8.24	<b>\$6.24</b>		\$4.12	<b>\$10.36</b>	
Employee and Spouse	\$18.14	<b>\$13.80</b>		\$8.30	<b>\$23.64</b>	
Employee and Child(ren)	\$19.64	<b>\$14.90</b>		\$10.12	<b>\$24.42</b>	
Employee and Family	\$25.22	<b>\$19.18</b>		\$12.14	<b>\$32.26</b>	

\* **Medical Waiver (Payment):** Compensation paid to the employee by the County if medical coverage is not elected because of enrollment in other eligible group health insurance. Waiving medical coverage means waiving coverage for all components of the medical plan, which includes medical, vision, prescription and behavioral health and substance abuse benefits. Employees waiving their medical coverage have the option of electing stand-alone vision coverage.